



Transcript Request Form

Complete all information.

There is a \$10.00 fee for each transcript. Please include payment. Checks may be made out to Summit Academy.
PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING.

\$10 per transcript: TOTAL: \$_____

Sign the form where indicated and return to:

711 W. 17th St. Suite E8 Costa Mesa, CA 92627

Student Last Name	Student First Name

Current Grade	Date of Birth

Is your student withdrawing? Please circle one YES / NO (if yes, please complete official withdrawal form)

Please check one:

- Unofficial Copy - may be emailed to the requestor or mailed to recipient address indicated below.
 - Email: _____
 - Mail to recipient address
- Official Copy - MUST be mailed to recipient below. Include recipient address.

Name of Recipient (School, College, Scholarship)	Attn:

Address	City	State	Zip

Does this request need to accompany a college admissions application? Circle One: YES / NO

Printed name of person requesting transcript:	
Signature of person requesting transcript:	